

ISSUE SLIP STAPLE AREA (for additional cross references)

09/876567

POSITION	INITIALS	ID NO.	DATE
PER DETERMINATION	HL		6-12-01
Q.I.P.E. CLASSIFIER	HL		6-22-01
FORMALITY REVIEW	A.T.	1021	08 JUL 01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected
 □ _____ Allowed
 - (Through current) _____ Canceled
 + _____ Restricted
 M _____ Not-Examined
 I _____ Incomplete
 A _____ Appeal
 O _____ Objected

NEAREST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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